

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568065

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED
1ST AMENDMENT

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

1

2

3

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48

49

50

TOTAL IND.

2

TOTAL DEP.

16

TOTAL CLAIMS

1

AS FILED
1ST AMENDMENT

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

51

52

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100

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS